OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO:	Thited States Environmental Protection Agency				
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENT				
1. Reason for	Reason for Submittal:				
Submittal (See instructions on page 13.)	☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)				
MARK ALL BOX(ES)	To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)				
THAT APPLY	☐ As a component of a First RCRA Hazardous Was	aste Part A Permit Application			
	☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # As a component of the Hazardous Waste Report				
2. Site EPA ID Number (page 14)	EPA ID Number				
3. Site Name (page 14)	Name: Maytag Appliances, Amana Refrigeration				
4. Site Location	Street Address: 2800 220th trail			·	
Information (page 14)	City, Town, or Village: Middle Amana		State: Iowa		
			Zip Code: 52204-0001		
5. Site Land Type (page 14)	Site Land Type: Private County District Federal Indian Municipal State Other				
North American Industry Classification	A. 3 3 5 2 2 2 B.				
System (NAICS) Code(s) for the Site (page 14)	c.	62438			
7. Site Mailing	Street or P. O. Box: Same as # 4				
Address (page 15)	City, Town, or Village:				
·	State:				
	Country:		Zip Code:		
8. Site Contact Person	First Name: David	MI: A	Last Name: Fawe	er	
(page 15)	Phone Number: 319-622-2968 Extension: N/A		Email address: dfawer@maytag.com		
Operator and Legal Owner	A. Name of Site's Operator: Maytag Appliance Amana Refrigeration Products Date Became Operator (mm/dd/yyyy): 8/1/2001				
of the Site (pages 15 and 16)	Operator Type: Private County District Federal Indian Municipal State Other				
RCRAINFO data e	RAINFO data engredname of Site's Legal Owner: Maytag Cooperation Date Became Owner (mm/dd/yyy			11	
bn 2220	Owner Type: Private County District	☐ Federal	□ Rem Comunicipal	☐ State ☐ Other	

EPA Form 8700-12 (Revised 3/2005)

Page 1 of 3

EPA ID NO: 1 1 A D D 0 0 0 0 1 6 1 1 0 1 4 1 3 1 6 1 OMB#: 2050-0028 Expires 1/31/2006 9. Legal Owner Street or P. O. Box: 403 West Fourth Street North (Continued) City, Town, or Village: Newton Address State: lowa Zip Code: 50208-0039 Country: U.S.A. 10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.) A. Hazardous Waste Activities Complete all parts for 1 through 6. 1. Generator of Hazardous Waste Y O N O 2. Transporter of Hazardous Waste If "Yes", choose only one of the following - a, b, or c. Y D N D 3. Treater, Storer, or Disposer of ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) Hazardous Waste (at your site) Note: of non-acute hazardous waste; or A hazardous waste permit is required for this activity. **5** b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or Y D N D 4. Recycler of Hazardous Waste (at your site) C. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste Y D N D 5. Exempt Boiler and/or Industrial **Furnace** In addition, indicate other generator activities. If "Yes", mark each that applies. a. Small Quantity On-site Burner Y D N D d. United States Importer of Hazardous Waste Exemption □ b. Smelting, Melting, and Refining Y IN I e. Mixed Waste (hazardous and radioactive) Generator Furnace Exemption Y D N D 6. Underground Injection Control **B. Universal Waste Activities** C. Used Oil Activities Mark all boxes that apply. Y D N 1. Large Quantity Handler of Universal Waste (accumulate Y D N 1. Used Oil Transporter 5,000 kg or more) [refer to your State regulations to If "Yes", mark each that applies. determine what is regulated]. Indicate types of universal a. Transporter waste generated and/or accumulated at your site. If "Yes", □ b. Transfer Facility mark all boxes that apply: **Accumulate** Generate Y D N 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies. a. Batteries \Box \Box a. Processor b. Pesticides b. Re-refiner c. Thermostats Y D N 3. Off-Specification Used Oil Burner d. Lamps Y D N 1 4. Used Oil Fuel Marketer e. Other (specify) If "Yes", mark each that applies. f. Other (specify) a. Marketer Who Directs Shipment of g. Other (specify) Off-Specification Used Oil to Off-Specification Used Oil Burner D b. Marketer Who First Claims the

Y D N D 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

Used Oil Meets the Specifications

- 11. Description of Hazardous Wastes (See instructions on page 21.)
 - A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D005	D009	D035	F001	F005	
D002	D007	D018	D039	F002		
D003	D008	D022	D040	F003		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
a to A five	David A Fawer Manager Facilities	01-13-06



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII 901 NORTH 5TH STREET KANSAS CITY, KANSAS 66101

29 APR 2004

Ron Corbett Post Office Box 8901 Amana, IA 52204

Dear Mr. Corbett:

RE: EPA RCRA ID No. IAD00610436

Maytag Appliances - Amana Refrigeration

2800 220th Trail Middle America, IA

This is to acknowledge that we have received a subsequent Notification of Regulated Waste Activity for the installation located at the address shown above, to comply with Section 3010 of the Resource Conservation and Recovery Act.

The information as requested has been updated and the changes are shown on the enclosed handler information report.

We hope the enclosed information will be helpful to you. If you have any questions regarding this letter, please call Mr. James Terry, working under a grant for EPA, at (913) 551-7958.

Sincerely,

Cynthia Sehnert-Jones RCRA Info Coordinator

Air, RCRA, and Toxics Division

Cynthia Schnewgores

Enclosures

cc: Cal Lundberg

Iowa Department of Natural Resources



HANDLER INFORMATION REA

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Identification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - ARTD/RESP 901 N 5th Street KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call (913)

EPA RCRA ID Number:

Location of Site:

IAD000610436

Name of Company/Site:

MAYTAG APPLIANCES - AMANA REFRIGERATION

2800 220TH TRAIL

MIDDLE AMANA, IA 52204

IOWA County

Land Type:

Private

NAICS:

335222 - Household Refrigerator and Home

Freezer Manufacturing

Mailing Address:

PO BOX 8901

AMANA, IA 52204

Site Contact:

PON CORDETT Mike Menne

Phone Number:

(319) 622-2897 2412

Address:

PO BOX 8901

AMANA, IA 52204

Current Owner of Site:

MAYTAG CORPORATION

Phone Number:

(641)792-7000

Owner Type:

Private

Current Operator of Site:

MAYTAG APPLIANCE - AMANA REFRIG PRODUCTS

Operator Type:

Private

TYPE(S) OF REGULATED ACTIVITY: Federal Small Quantity Generator

Hazardous Wastes Handled:

D001 D002 D009 D018

D003 D005

D007 D039

D008

F001

F002

D022 F003 D035 F005 D040

I 03/28/04 2 1st N 02/10/00 N 03/17/03 1

Certified by State/EPA

on 03/28/04 by

RON CORBETT, FACILITY MANAGER 03/25/04

SIGNATURE

NAME & OFFICIAL TITLE

DATE SIGNED

MAYTAG.

Robert Steiff Supervisor – Waste Treatment Amana Refrigeration Products Maytag Appliances 2800 220th Trail Amana, IA 52204

Tel: 319-622-8657 or 2175
Fax: 319-622-8894 or 2132
E-mail: Robert.steiff@amana.com

January 25, 2006

United States Environmental Protection Agency Region VII 901 North 5th Street Kansas City, Kansas 66101 Attention: Lisa Haugen

Dear Ms Haugen

This letter is in response to a telephone conversation with James Terry of EPA on 1/25/06.

Maytag Appliances – Amana Refrigeration (U.S. EPA ID Number IAD000610436) request a statues change from a large quantity generator to a small quantity generator.

Please note the attached letter and forms dated April 29, 2004 and the EPA form 8700-12 (revised 3/2005) mailed January 18, 2006.

Prompt action and an acknowledgment would be appreciated.

Sincerely

Robert Steiff

Supervisor Waste Treatment

REC'T JAN 27 2006 RESP